

**OFFICE OF CHIEF MEDICAL EXAMINER
OF THE CITY OF NEW YORK**

STATE OF NEW YORK)
)
COUNTY OF NEW YORK) SS.:

CERTIFICATION AS A BUSINESS RECORD

I have been delegated by Barbara A. Sampson, MD, PhD, Acting Chief Medical Examiner, to certify and authenticate records of the Office of Chief Medical Examiner of the City of New York ("OCME") pursuant to Rule 4518 of the New York Civil Practice Law and Rules.

OCME has been ordered to produce certified copies of documents concerning decedent,

Moises Lora

ME #B12-1569

OCME is a governmental office organized under the New York City Charter § 557 and the New York City Administrative Code §§17-201 – 17-206. All records contained in its Records Department concerning this matter are maintained in OCME's regular course of business. OCME medical examiner files contain autopsy records generated by OCME staff in the regular course of their business, as well as documents received from other sources which are relevant to the particular case.

The copies provided here represent all the documents contained in the above-cited OCME medical examiner case file.

I have examined the original records maintained by OCME's Records Department and I have compared the copies provided here to the originals from which they were photocopied, and I attest that the records bearing this certification and authentication are a true and correct copy of the original records so described and are accurate and genuine.

I have affixed the official seal of the Office of Chief Medical Examiner of the City of New York to certify these copies as genuine and as business records of the Records Department of the Office of Chief Medical Examiner.



Print Name: **Yvelisse Matias**
Title: **Clerical Associate IV**

Date: **September 9, 2014**

[Seal of the Office of Chief Medical Examiner]



OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK



REPORT OF AUTOPSY

Name of Decedent: Moises Lora
Autopsy Performed by: Monica Smiddy, MD, MPH

M.E. Case #: BX12-01569
Date of Autopsy: April 17, 2012

FINAL DIAGNOSES

- I. BLUNT IMPACT INJURIES OF HEAD AND NECK:
 - A. ABRASIONS OF SCALP.
 - B. SUBGALEAL AND SUBARACHNOID HEMORRHAGES.
 - C. CONTUSIONS AND INJURIES OF BRAIN, (SEE NEUROPATHOLOGY REPORT).
 - D. MULTIPLE SKULL FRACTURES.
 - E. FRACTURE OF CERVICAL VERTEBRAE AND INJURY OF UNDERLYING SPINAL CORD.
 - F. CONTUSIONS, ABRASIONS AND LACERATIONS OF ORAL CAVITY, FRACTURES OF MANDIBLE, AND DISPLACEMENT OF TEETH.
 - G. ASPIRATION OF BLOOD.
- II. BLUNT IMPACT INJURY OF RIGHT LOWER EXTREMITY.
 - A. DISPLACED FRACTURE OF RIGHT FEMUR.
- III. BLUNT IMPACT INJURIES OF UPPER EXTREMITIES:
 - A. SCATTERED ABRASIONS AND CONTUSIONS OF ARMS, FOREARMS AND HANDS.
- IV. BLUNT IMPACT INJURY OF LEFT LOWER EXTREMITY.
 - A. ABRASIONS AND CONTUSIONS OF ANTERIOR LEFT LEG.
- V. REMOTE BLUNT IMPACT OF RIGHT LOWER EXTREMITY, (ANAMNESTIC).
 - A. STATUS POST ORTHOPEDIC SURGICAL REPAIR OF FEMORAL FRACTURE.

CAUSE OF DEATH: BLUNT IMPACT INJURIES OF HEAD AND NECK.

MANNER OF DEATH: HOMICIDE, (BEATEN BY OTHERS).

THIS IS A TRUE COPY
Office of Chief Medical Examiner
This record cannot be released without
prior consent from the Office of Chief
Medical Examiner, New York City, N.Y.

Yvelisse Matias *Y.M.*

09/09/2014

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Moises Lora

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**OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK****REPORT OF AUTOPSY****CASE NO. BX-12-01569**

*I hereby certify that I, Monica Smiddy, MD, MPH, City Medical Examiner-II, have performed an autopsy on the body of **Moises Lora** on the 17th day of April 2012, commencing at 10:00 a.m., in the Bronx Mortuary of the Office of Chief Medical Examiner of the City of New York. This autopsy was performed in the presence of Dr. Kappen. MP*

EXTERNAL EXAMINATION:

The body is of a thin, frail-appearing, light tan-skinned, approximately 62-1/2", 90-pound adolescent boy whose appearance is consistent with the reported age of 16 years. The coarse, dark brown, scalp hair is drawn up in several braids measuring 10-12" in length. Few sparse brown hairs are on the chin. A sparse mustache is present. The irides are brown. The conjunctivae are free of hemorrhages, petechiae and jaundice. The oral cavity contains natural teeth attached to the mandible and the maxilla. The abdomen is soft and flat. The posterior aspect of the torso is unremarkable. The upper extremities are normally developed. There are no linear scars of the ventral aspects of the upper extremities. There is no swelling or discoloration of the lower extremities. The fingernails are short and intact. There appears to be bilateral symmetric atrophy of the calf muscles. The genitalia are of an uncircumcised adolescent boy with testes descended within the scrotal sac. The anus is unremarkable. The genitalia and anus are atraumatic.

POSTMORTEM CHANGES:

Rigor mortis is present. Livor mortis is faint and fixed posteriorly. The body is cool from refrigeration.

SCARS/TATTOOS:

There is a well-healed surgical scar, measuring approximately 2" in length, on the lateral right knee. There is a well-healed, vertical, 10" scar on the proximal lateral right thigh. (Comment: status post orthopaedic surgical prosthesis in the right hip and right femur).

There are no tattoos.

CLOTHING:

The decedent is received unclad from the hospital. There are no garments available for inspection.

THERAPEUTIC PROCEDURES:

A toe tag encircles the big toe identifying the decedent.

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Moises Lora

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INJURIES, (EXTERNAL AND INTERNAL):

There are blunt impact injuries of head, neck, upper torso, upper and lower extremities.

Examination of the face reveals a dried, pink-brown abrasion of the inner aspect, of the upper right eyelid. It is irregular in shape and measures approximately 1/4" in greatest dimension. Examination of the lower left side of the face, reveals a patterned, pink-purple contusion, consisting of thin, linear, obliquely-oriented lines that involve the left lower cheek and chin. There are confluent, purple contusions/abrasions, roughly linear and band-like, measuring 4" x 2" on the left cheek, left ear, and left chin. Examination of the left anterolateral neck and upper chest reveals linear, faint, purple contusions, obliquely-oriented and similarly appearing. There is a 3" soft tissue hemorrhage overlying the left clavicle, but no fracture. Examination of the oral cavity reveals dark purple contusion and swelling of the lower lip and soft tissues of the lower labial mucosa. There is a displaced fracture of the mandible and displaced mandibular teeth. There is a 1/2" laceration just anterior to the tragus of the left ear. There are no fractures of the nasal skeleton. There are no injuries to the left orbit or eye.

Examination of the posterior head reveals a roughly 10", faint purple abrasion of the right temporal and occipital scalp. There is no laceration. Abundant subgaleal hemorrhage of the right temporal and occipital scalp is noted. Examination of the skull reveals displaced fractures of the right temporal bone, right and left middle cranial fossa, and non-displaced fractures of the right occipital bone and posterior cranial fossa. There is a partial hinge fracture involving the left middle cranial fossa, the sella turcica, and the right middle cranial fossa. There is fracture of the inferior, posterior, foramen magnum and palpable fracture-dislocation of C1 and C2 vertebrae. There are bilateral contusions of the temporal lobes. There is abundant subdural hemorrhage of the cervical spinal cord. The brain and spinal cord are retained for neuropathologic consultation; a separate report will be issued.

Examination of the posterior torso reveals faint, scattered, pink abrasions and contusions of the upper right and left sides of the back. There are no fractures of the scapulas or posterior ribs.

Examination of the right upper extremity reveals a faint, pink contusion of the right elbow. There are two, roughly circular or oval, faint pink contusions of the right wrist. There are small abrasions measuring 1/16"-1/4" in greatest dimension overlying the knuckles of the dorsum of the right hand. There are no palpable fractures of the right hand, forearm or arm. A 1" abrasion is on the inner aspect of the right palm just above the pinkie finger. Examination of the left upper extremity reveals dried, pink-brown abrasions, measuring 1" and 1/2", overlying the left elbow. There are no palpable fractures of the left hand, forearm or arm.

Examination of the left lower extremity reveals faint purple-pink contusions of the anterior left leg. There are no lacerations of the skin. There are no palpable fractures of the long bones of the left lower extremity. There are no injuries to the left foot. Examination of the right lower extremity reveals a closed compound fracture of the shaft of the mid right femur. By postmortem radiograph the bone is displaced from a metal surgical prosthesis which is in place. The skin overlying the fracture is notable for a 1" dried brown-red abrasion. There is no laceration of the skin. Examination of the soft tissues of the right thigh reveals

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a scant amount of subcutaneous and intramuscular hemorrhage associated with the fracture.

These injuries having been described will not be repeated.

On internal examination, there are no injuries of the thoracic, abdominal or pelvic viscera.

INTERNAL EXAMINATION:

HEAD: The brain weighs 1400 gm and has normal distributions of cranial nerves and cerebral vessels without atherosclerosis. The brain and spinal cord are retained for neuropathologic consultation; a separate report will be issued.

NECK: The hyoid bone, tracheal and laryngeal cartilages are intact. There is no hemorrhage of the soft tissues of the anterior neck.

BODY CAVITIES: The organs are in their normal situs. There are no adhesions or abnormal fluid accumulations.

CARDIOVASCULAR SYSTEM: The aorta is free of atherosclerosis. The venae-cavae and pulmonary arteries are free of thromboemboli. The heart weighs 198 gm and has normal distribution of right predominant coronary arteries and scant epicardial fat. The coronary ostia and arteries are widely patent and free of atherosclerosis. The myocardium is soft and brown without hyperemia, pallor or fibrosis. The symmetric left ventricular wall measures 0.8 cm; the right measures 0.2 cm. The endocardial surfaces are free of mural thrombi. There is no fibrosis. The cardiac valves are unremarkable. There are no vegetations.

RESPIRATORY SYSTEM: The right lung weighs 380 gm; the left lung weighs 320 gm. The pleural surfaces are smooth and intact. The parenchyma is soft, purple-pink and spongy. There is hemorrhage within the bronchi and parenchyma of the lungs. The vessels are free of thromboemboli.

LIVER, GALLBLADDER, PANCREAS: The liver weighs 1100 gm and has a smooth intact capsule. The parenchyma is soft and tan-brown. There is no fibrosis, steatosis or focal lesion. The gallbladder contains approximately 20 cc of green bile without stones. The ducts are unremarkable. The pancreas is soft and tan-white without focal lesion.

HEMOLYMPHATIC SYSTEM: The spleen weighs 96 gm and has a wrinkled intact capsule. The parenchyma is soft and purple without focal lesion. There are no enlarged lymph nodes.

GENITOURINARY SYSTEM: The kidneys are similar in appearance and weigh approximately 80 gm each and have smooth subcapsular surfaces. The parenchyma is soft and tan. There is diffuse pallor. There is no focal lesion or cyst. The pelves and ureters are unremarkable. The urinary bladder contains approximately 200 cc of clear yellow urine. The bladder mucosa is unremarkable. The prostate is soft and tan-white without focal lesion or nodularity. The testes have soft tan parenchyma without focal

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lesion.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are unremarkable.

DIGESTIVE SYSTEM: The esophagus is unremarkable. The stomach contains approximately 60 cc of turbid brown-green liquid. There are no pills or capsules in the gastrointestinal tract. The gastric mucosa, small intestine, appendix and large intestine are unremarkable.

TOXICOLOGY:

Samples are submitted for toxicological analysis.

NEUROPATHOLOGY:

The brain and spinal cord are retained for neuropathologic consultation.

FORENSIC BIOLOGY:

Specimens are submitted.

MS:wwd
FINAL
05/01/12:ni
J# 002-04-008483
R# 002-04-010131

MP


Monica Smiddy, M.D.
City Medical Examiner-II

US_270679

The City of New York
Office of Chief Medical Examiner
520 First Avenue
New York, NY 10016

Forensic Toxicology Laboratory

Deceased: **Moises Lora**

M.E. Case No.: **BX1201569**

Lab. No.: **1600/12**

US 270680

Autopsy By: **Dr. Smiddy**

Autopsy Date: **04/17/12**

Specimens Received:

Bile, Blood, Brain, Gastric Content, Liver, Urine, Vitreous Humour

Specimens Received in Laboratory By: **Michelle Dumit**

Date Received: **04/18/12**

Equivalents: 1.0 mcg/mL = 1.0 mg/L = 0.1 mg/dL = 1000 ng/mL

1.0 mcg/g = 1.0 mg/kg = 0.1 mg/100g = 1000 ng/g

Results

Blood

Cannabinoids	Detected	EI*
Cotinine	Detected	GC/MS
Ethanol	Not detected	GC

Urine

Cannabinoids	Detected	EI*
Cotinine	Detected	GC/MS
Benzodiazepines	Not detected	EI
Opiates	Not detected	EI
Benzoyllecgonine	Not detected	EI
Amphetamines	Not detected	EI
Barbiturates	Not detected	EI
Salicylates	Not detected	CT
Acetaminophen	Not detected	CT

Vitreous Humour

Ethanol	Not detected	GC
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* Unconfirmed screening result. Confirmation available upon request.
This report has an associated Forensic Toxicology case file.

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EI = Enzyme Immunoassay
GC = Gas Chromatography
GC/MS = GC/Mass Spectrometry
LC = Liquid Chromatography
LC/MS = LC/Mass Spectrometry
CT = Color Test
TLC = Thin Layer Chromatography
ISE = Ion Selective Electrode
SP = Spectrophotometry
< = Less than

Signed: _____

Dr. Elizabeth K. Marker

Date: **06/28/12** EC



THE CITY OF NEW YORK
OFFICE OF CHIEF MEDICAL EXAMINER



US_270681

NEUROPATHOLOGY REPORT
CASE NUMBER: B1201569

NAME OF DECEDENT: MOISES LORA
DR. SMIDY PERFORMED THE AUTOPSY ON 4/17/12
DR. MENA EXAMINED THE BRAIN AND SPINAL CORD ON 5/8/12

GROSS EXAMINATION:

Brain weight: 1400 gm.

The specimen consists of the brain, spinal cord and intracranial dura. Prior to fixation, a portion of the left occipital lobe has been removed for possible toxicology studies.

The intracranial dura is not remarkable. All venous sinuses are patent.

The right cerebral hemisphere shows an irregular cortical defect involving the convexity and inferior surface of the temporal lobe measuring 4 x 2 cm in diameter. There is focal recent, thin-layered subarachnoid hemorrhage around the lateral fissure of the right frontal and temporal lobes, and left parietal and temporal lobes. There are isolated hemorrhagic cortical lesions in the left middle and inferior temporal gyri, measuring 2 x 1 cm in diameter. There is no sign of herniation. The arteries at the base of the brain follow a normal distribution and are free of atherosclerosis, aneurysmatic dilatations or sites of occlusion. All cranial nerve stumps identified are not remarkable.

Coronal sections of the cerebrum reveal a laceration involving both cortex and white matter of the right middle and inferior temporal gyri associated with focal hemorrhage. There are multifocal cortical contusions identified in the left cerebral hemisphere involving the gyrus rectus, temporal pole, and uncus; and on the right cerebral hemisphere involving gyrus rectus, parahippocampal gyrus, occipito-temporal gyri and inferior parietal lobule. Sections of the midbrain, pons and medulla oblongata show recent hemorrhage in the basis pontis and tegmentum. Sections of cerebellums reveal focal recent thin layered subarachnoid hemorrhage in the right lateral and left inferior surface of the hemispheres. There is no shift of the midline structures. Myelination is normal for age. The substantia nigra is well pigmented. The ventricular system and cerebral aqueduct are patent, and normal in size and configuration. The ependymal lining is smooth and glistening.

Spinal cord with dura from the upper cervical to cauda equina levels shows no external abnormality. The dura is smooth and glistening. The leptomeninges are thin and transparent. A midline longitudinal section shows no lesions.

PHOTOGRAPHS: YES

MICROSCOPIC EXAMINATION: NO

DIAGNOSIS:

- I. TRAUMATIC BRAIN INJURY, RECENT
 - A. SUBARACHNOID HEMORRHAGE, CEREBRUM AND CEREBELLUM
 - B. CONTUSIONS, CEREBRAL HEMISPHERES AND PONS
 - C. LACERATION, RIGHT TEMPORAL LOBE

Hernando Mena 5/14/12
HERNANDO MENA, M.D.



L
FM